

GEORGETOWN CHARTER TOWNSHIP
1515 BALDWIN STREET
JENISON MI 49428
PHONE: 616-457-2340
FAX: 616-457-3670

DEVICE TEST FORM				
Facility: Address:		Account #:		
City:				
Test Date:				
Type: Location:		Model #: Serial #:		
Line Pressure PSI	Double Check Valve Assembly		1 st Shutoff C <input type="checkbox"/> L <input type="checkbox"/> 2 nd Shutoff C <input type="checkbox"/> L <input type="checkbox"/> Reduced Pressure Principle Assembly	Pressure Vacuum Breaker
Initial Test	1 st Check C <input type="checkbox"/> L <input type="checkbox"/> PSID	2 nd Check C <input type="checkbox"/> L <input type="checkbox"/> PSID	Relief O <input type="checkbox"/> M <input type="checkbox"/> Confirm PSID	Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check C <input type="checkbox"/> L <input type="checkbox"/> PSID
Repairs				
Final Test	1 st Check C <input type="checkbox"/> L <input type="checkbox"/> PSID	2 nd Check C <input type="checkbox"/> L <input type="checkbox"/> PSID	Relief O <input type="checkbox"/> M <input type="checkbox"/> Confirm PSID	Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check C <input type="checkbox"/> L <input type="checkbox"/> PSID
Pass/Fail P <input type="checkbox"/> F <input type="checkbox"/> Notes:				
Certification: On this date, the above device was tested per applicable codes and the required performance standards. Tester Name: _____ Tester Certification #: _____ Testing Firm: _____ Testing Firm Phone #: _____ Testing Firm Street Address: _____ City: _____ State: _____ Zip Code: _____				

Tester Signature: _____ Date: _____